

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 971 Office of Registrar of Vital Statistics. Ward 49

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4, 1887

Full Name of Deceased, John B. Norman

Sex, Male or Female, Male

Age, 78 Years, Months, Days.

Color, white

Married, Single, Widowed or Widower, Single

Occupation, Shoe maker

Birthplace, Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, Aged Men's Home, Ex. Talbott St

Cause of Death, Old age, softening of the brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 6th 1887

Undertaker, Wm S. Fay

Place of Business, 301 W. Broadway Address, 1008 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 772
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of causes on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 972 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Wake (Hoke)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 31 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ☒ Single

Occupation, Brickmaker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Talbot Co. Md

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, { Give Street and Number. } 219 (52 old no) Binn St.

Cause of Death, { First (Primary), Typhoid Fever - Second (Immediate), }

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp at Corner

Date of Burial, July 6th 87

{ Undertaker, Sorrell & Harty } Amman F Hill M. D. Medical Attendant.

{ Place of Business, 416 Cross St } Address, 2. Calum St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 973. Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday July 4th. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Annie Hall

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 33 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } A. W. Cor. Pratt + Albemarle Sts.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis
Exhaustion

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 7 1887

Undertaker, Jas. Byrne Wilmer Diniton M. D.

Medical Attendant.

Place of Business, 302 N. Gay Address, Chase St + Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

No. 774

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 974 Office of Registrar of Vital Statistics. Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, July 5th 1887

Full Name of Deceased, George O. Earley

Sex, Male or Female, Male

Age, 10 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation,

Birth Place, Baltimore City, Md.

Duration of Residence in the City of Baltimore, his lifetime

Place of Death, 416 Bloomed St.

Cause of Death, Dentition, Cholera Infantum, Cerebral Congestion.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 6th 1887

Undertaker, J. Lewis Schaefer

Place of Business, 316 N. Howard St.

Medical Attendant, John C. R. Meyer, M. D.

Address, 662 W. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 975 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard Reese Straum

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 8 Years, 10 Months, 20 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Child

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 164 Harlem Ave.

Cause of Death, { First (Primary), Second (Immediate), } Enteritis

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, July 6th 1887

{ Undertaker, W. Lewis Schaper }

{ Place of Business, 316 N. Mount Address, 701 N. Carrollton Ave }

John Chaff M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 976 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1887

Full Name of Deceased, George William Becker
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, 23 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, Maryland
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 3 Months and 23 days

Place of Death, 409 N. Pratt St.
{ Give Street and Number. }

Cause of Death, Cholera Infantum
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 7th 1887

Undertaker, P. J. Seewald E. M. Peir M. D. Medical Attendant.

Place of Business, 119 S. Eutaw St. Address, 24 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 977

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

977

Office of Registrar of Vital Statistics

Ward

8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5, 1887

Full Name of Deceased, Margaret Berry

Sex, Male or Female, Female

Age, Years, 2 Months, Days.

Color, white

Married, Single, Widow or Widower, Single

Occupation, none

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, 607 Burch St

Cause of Death, Marasmus

Exhaustion

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 6

Undertaker, Wm. Schaeffer

Place of Business, 8 S Front St

Address, 1224 E. McNamee St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, gm 1132. Printed 10/27/2022.

Permits for

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. 978 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa J. Adams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 5 Months, 11 Days.

Color, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1310 N Dallas St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 7th 1887

Undertaker, Wm S. Fry A. E. Russell M. D.

Medical Attendant.

Place of Business, 301 N Broadway Address, 301 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 979

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robt. J. Hayes.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 Years, Months, Days.

Color, wht.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, Merchant.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } md

Duration of Residence in the City of Baltimore, 31 years

Place of Death, { Give Street and Number. } 1022 Madison Ave

Cause of Death, { First (Primary), Brights disease of Kidneys
Second (Immediate), }

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Darlington Md

Date of Burial, July 7 - 1887

Undertaker, Stewart & Mowen

Place of Business, 215 & 217 Park Ave. Address, 922 Madison Ave

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 980 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4 89

Full Name of Deceased, Rachel Jones {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, Female {Cross out the word not required in this line.}

Age, 9 Years, 0 Months, 0 Days.

Color, white

Married, Single, Widow or Widower, Single {Cross out the words not required in this line.}

Occupation, city Md

Birth Place, 20 E Fort Ave {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, 20 E Fort Ave {Give Street and Number.}

Cause of Death, Cerebro-spinal Meningitis {First (Primary),}

Apurial {Second (Immediate),}

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Grain Haven

Date of Burial, July 7 189

{Undertaker, Daniel Glynn } R. H. Ellis M. D. Medical Attendant.

{Place of Business, 42 E West St } Address, 915 E 17th

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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